

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION 1445790

OMB	APPR	OVAL
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OMB Number:

3235-0076

Expires:

April 30, 2008

Estimated average burden hours per response 16.00

SE	C USE ONLY
Prefix	Serial
	<u> </u>
DAT	E RECEIVED

Name of Offering (□ check if	this is an amendment and name has chang	ged, and indicate change.)	
Series A Preferred Stock Fina	neing		
Filing Under (Check box(es) th	at apply): 🛘 Rule 504 📮 Rule 505 🖟	☑Rule 506 ☐ Section 4(6)	
Type of Filing: New Filin	g 🗖 Amendment	<u></u>	
	A. BASIC IDEN	TIFICATION DATA	
1. Enter the information reques	sted about the issuer		08058759
Name of Issuer (□ check if the	is is an amendment and name has change	d, and indicate change.)	00000.00
Adaptive Digital Power, Inc.			<u> </u>
Address of Executive Offices	(Number and Stre	et, City, State, Zip Code)	Telephone Number (Including Area Code)
3393 Copper Leaf Drive, San	Jose, CA 95132		(408) 892-3811
Address of Principal Business (Operations (Number and Stre	et, City, State, Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Off	ices)		
Brief Description of Business			
Fabless Semiconductor			PROCESSED.
Type of Business Organization			
☑ corporation	☐ limited partnership, already formed	other (please sp	ecify): 0CT 01 2008
☐ business trust	☐ limited partnership, to be formed		> \ 0C1 012000
	Mo	onth Year	THOMSON REUTER
Actual or Estimated Date of Inc			☑ Actual ☐ Estimated
Jurisdiction of Incorporation or	Organization: (Enter two-letter U.S. Post	tal Service abbreviation for Sta	ate:
		other foreign jurisdiction)	D E

GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

> Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (6-02) 1 of 8

A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years;

Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;

 Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and 							
Each general and managing partner of partnership issuers.							
Check Box(es) that Apply	☐ Promoter	⊠ Beneficial Owner	☑ Executive Officer	☑ Director	☐ General and/or Managing Partner		
Full Name (Last name first, Tran, Toan Van	if individual)		· · · · · · · · · · · · · · · · · · ·				
Business or Residence Addr 3393 Copper Leaf Drive, S			Code)				
Check Box(es) that Apply	☐ Promoter	☑ Beneficial Owner	☑Executive Officer	☑ Director	☐ General and/or Managing Partner		
Full Name (Last name first, Ngo, Huy	if individual)	·			,		
Business or Residence Addr 3393 Copper Leaf Drive, S			Code)				
Check Box(es) that Apply	☐ Promoter	☑ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner		
Full Name (Last name first, Locklin, Paul	if individual)						
Business or Residence Addr PO Box 1596, Kailau Kona		d Street, City, State, Zip	Code)				
Check Box(es) that Apply	☐ Promoter	☑ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner		
Full Name (Last name first, Micro Lambda Wireless, I	,				,		
Business or Residence Addi 46515 Landing Parkway, F			Code)				
Check Box(es) that Apply	☐ Promoter	☑ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner		
Full Name (Last name first, Thinh Q. Tran Family Tru							
Business or Residence Addr 14341 Sobey Road, Saratog		d Street, City, State, Zip	Code)				
Check Box(es) that Apply	☐ Promoter	☑ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner		
Full Name (Last name first, Almon, William J.	if individual)						
Business or Residence Adda	ress (Number an	d Street, City, State, Zip	Code)				
10570 Blandor Way, Los A	ltos Hills, CA 94	024					
Check Box(es) that Apply	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner		
Full Name (Last name first,	if individual)						
Business or Residence Addr	ress (Number an	d Street, City, State, Zip	Code)				
	(Lise blank	sheet or convenduse ad	ditional copies of this sh	leet as necessary			

					B. 18	NFORMA	ATION A	BOUT O	FFERIN	G				
1. H	as the iss	uer sold,			intend to s	•				offering?.			<u>Yes</u> □	<u>No</u> ⊠
2. V	What is th	e minim			will be a		_		V 2.				s	
,	, , , , , , , , , , , , , , , , , , , ,				***************************************	oop.oo ii	o u						Yes	No
3. D	oes the o	ffering p	ermit joir	nt ownersl	nip of a sin	ngle unit?	*************	***************************************					X	
0 1: 0	or similar isted is ar of the bro	remuner associat ker or de	ation for ted personaler. If r	solicitation n or agent nore than	on of purcl of a brok	hasers in e er or deale ersons to	connection er register	n with sale ed with th	es of secu e SEC an	rities in tl d/or with	ne offering a state or	ly, any commission g. If a person to be states, list the name or dealer, you may	•	
Full Nan	ne (Last n	ame first,	if individ	lual)									-	
Business	or Reside	ence Add	ress (Nun	nber and S	treet, City,	State, Zip	Code)					,		
Name of	Associate	ed Broker	or Deale	r		· ·			· · ·					
States in	Which Pe	erson List	ed Has So	olicited or	Intends to	Solicit Pu	rchasers							
(Chec	k "All Sta	ites" or cl	heck indiv	idual State	es)					***************************************			□ All	States
(AL) [IL] [MT] [RI]	[AK] [IL] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]		
Full Nan	ne (Last n	ame first,	if individ	lual)		<u> </u>						·		
Business	or Reside	nce Add	ress (Nun	her and S	treet, City,	State, Zin	Code)		.,_,,					
Dusines	or resid	ince rida	1035 (1141.	ioei mia o	iicei, Oity,	ouic, zip	, 0000,						•	
Name of	Associate	ed Broker	or Deale	г										
States in	Which Po	erson List	ted Has So	olicited or	Intends to	Solicit Pu	rchasers							
(Chec	k "All Sta	ites" or cl	heck indiv	vidual State	es)				************				□ All	States
(AL) (IL) (MT) (RI)	[AK] [IL] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	(DE) [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]		
Full Nan	ne (Last n	ame first,	if individ	lual)										
Business	or Reside	ence Add	ress (Nun	nber and S	treet, City,	State, Zip	Code)				· · ·			
Name of	Associate	ed Broker	or Deale	r										
States in	Which Pe	erson List	ted Has So	olicited or	Intends to	Solicit Pu	rchasers					-		
(Chec	k "All Sta	ites" or cl	heck indiv	ridual State	es)			•••••					□ All	States
[AL] [IL] [MT] [RI]	[AK] [IL] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.) 3 of 8

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE C	F PROCEED	3	
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
	Type of Security	Aggregat Offering Pr		Amount Already Sold
	Debt	\$		\$
	Equity	\$ _3,000,000	.00	\$ <u>1,684,994.63</u>
	☐ Common ☒ Preferred			
	Convertible Securities (including warrants)	\$		\$
	Partnership Interests	\$		
	Other (Specify))	\$		
	Total	\$ 3,000,000	.00	\$ <u>1,684,994.63</u>
	Answer also in Appendix, Column 3, if filing under ULOE.			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			
	•	Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors	8		\$ <u>1,684,994.63</u>
	Non-accredited Investors			_ s
	Total (for filings under Rule 504 only)			_ S
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.			
	Type of offering	Type of Security		Dollar Amount Sold
	Rule 50'5	•		\$
	Regulation A			\$
	Rule 504			\$
	Total			\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees	•••		\$
	Printing and Engraving Costs			\$
	Legal Fees		X	\$ 60,000.00
	Accounting Fees			\$
	Engineering Fees			\$
	Sales Commissions (specify finders' fees separately)			\$
	Other Expenses (identify)			\$

\$ 60,000.00

Total

	C. OFFERING PRICE, NUMBER	R OF INVESTORS, EXPENSES	S AN	D USE OF PROCE	EDS	
	b. Enter the difference between the aggregate offering pric total expenses furnished in response to Part C – Questio proceeds to the issuer."	on 4.a. This difference is the "a	djuste	ed gross		\$_1,624,994.63
5.	5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.					
				Payments to Officers, Directors & Affiliates		Payments to Others
	Salaries and fees			\$	_ 🗆	\$
	Purchase of real estate			\$		\$
	Purchase, rental or leasing and installation of machinery	y and equipment		\$		\$
	Construction or leasing of plant buildings and facilities.			\$	_ 🛮	\$
	Acquisition of other businesses (including the value of offering that may be used in exchange for the assets or pursuant to a merger)	securities of another issuer ,		\$	_ 🗅	\$
	Repayment of indebtedness			\$		\$
	Working capital			\$	_ X	\$ 1,624,994.63
	Other (specify):		-	\$	_ 0	\$
				\$		\$
	Column Totals.			\$	X	\$_1,624,994.63
	Total Payments Listed (column totals added)			⊠ \$ <u>1,62</u>	_	
		. FEDERAL SIGNATURE				
sig	ne issuer has duly caused this notice to be signed by the ur gnature constitutes an undertaking by the issuer to furnish formation furnished by the issuer to any non-accredited investigation.	to the U.S. Securities and Excha	ange (Commission, upon v		
	daptive Digital Power, Inc.	Signature Coawales			Date Septer	mber 12, 2008
		Fitle of Signer (Print or Type) President & Chief Executive Of	ficer			

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

